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 Carol M. Gruppi

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Parkash S. Gill

Assignee: University of Southern
California

US Serial No.: 09/743,684

Int'l Appl. No.: PCT/US99/15772

Int'l Filing Date: 12-July-1999

Priority Date: 13-July-1998

Title: Novel Inhibitors of Angiogenesis and Tumor Growth

 Box PCT
 Commissioner for Patents
 Washington, D.C. 20231

PETITION AND FEE FOR EXTENSION OF TIME

(37 C.F.R. § 1.136(a))

Sir:

Pursuant to 37 C.F.R. § 1.136(a), Applicant hereby petitions for a 4 month extension of time to respond to the Notification of Missing Requirements mailed on July 24, 2001.

1. The communication in connection with the matter for which this extension is requested

a. ☒ is filed herewith; orb. ☐ has been filed on _____2. ☒ Applicant(s) claim Small Entity Status under 37 CFR § 1.27.

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720.00 CH

3. The following fees are submitted:

| | TOTAL MONTHS REQUESTED | OTHER THAN SMALL ENTITY | SMALL ENTITY | CALCULATIONS |
|--|--|-------------------------|--------------|--------------|
| a. <input type="checkbox"/> | one month | \$110.00 | \$55.00 | \$ |
| b. <input type="checkbox"/> | two month | \$400.00 | \$200.00 | \$ |
| c. <input type="checkbox"/> | three month | \$920.00 | \$460.00 | \$ |
| d. <input checked="" type="checkbox"/> | four month | \$1,440.00 | \$720.00 | \$720.00 |
| e. <input type="checkbox"/> | five month | \$1,960.00 | \$980.00 | \$ |
| f. <input type="checkbox"/> | An extension for ____ months has already been secured for filing the above-identified communication and the fee paid therefor of \$____ is deducted from the total fee due for the total months of extension now requested. The fee for this extension (\$____), minus the fee previously paid (\$____) equals \$____ (total fee due). | | | \$ |
| TOTAL FEES = | | | | \$720.00 |

- ☒ **Conditional Petition for Extension of Time:** An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- ☐ A check in the amount of \$ _____ to cover the above fees is enclosed.
- ☒ Please charge Deposit Account No. 50-1189, Docket No. 13761-7011, in the amount of \$720.00 to cover the above-fees. *A duplicate copy of this sheet is enclosed.*
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, Docket No. 13761-7011. *A duplicate copy of this sheet is enclosed.*

DATE: January 24, 2002

Respectfully submitted,

By: _____

Carol M. Gruppi
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